

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5912024

FILING DATE

9.7.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3				1		
4		2				
5		①				
6		1				
7						
8						
9						
10						
11						
12	1		1			
13			1			
14						
15						
16						
17						
18						
19						
20						
21						
22						
23	1		1			
24			1			
25						
26						
27						
28		2				
29	①					
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45						
46						
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.		32				
TOTAL CLAIMS			35			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						